



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF STATE FIRE MARSHAL
LICENSE & PERMITS UNIT

APPLICATION FOR HOISTING EQUIPMENT OPERATOR'S LICENSE

APPLICANT'S INSTRUCTIONS

1. Print or type all information.
2. Attach on a separate sheet of paper your work experience
3. Attach Manufacturer's Specifications of Equipment to be Operated
4. Return completed application with a check payable to:
"Treasurer, State of CT" for \$ 100.00 (\$50.00 Application Fee/\$50.00 License Fee).

PERSONAL INFORMATION		
NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	PLACE OF BIRTH:	
CELL (OTHER) PHONE NUMBER:	EMAIL ADDRESS:	
MOTOR VEHICLE OPERATOR LICENSE INFORMATION		
STATE WHERE ISSUED:	OPERATOR'S LICENSE NUMBER:	
COMMERCIAL DRIVERS LICENSE: (CDL & TYPE)		
RELATED LICENSE		
DO YOU HOLD A VALID HOISTING EQUIPMENT OR CRANE LICENSE ISSUED BY THE FEDERAL, ANOTHER STATE OR CITY?		
YES [] NO []		
IF YES, PROVIDE AGENCY AND LICENSE NUMBER:		
CERTIFICATION		
I hereby make application for Hoisting Equipment Operator Registration and certify, under penalty of False Statement (C.G.S. § 53a-157), that the information on this form is true and correct to the best of my knowledge and belief.		
APPLICANT'S SIGNATURE:		DATE:

FOR OFFICE USE ONLY		
APPLICATION GRANTED <input type="checkbox"/>	APPLICATION DENIED <input type="checkbox"/>	LICENSE NUMBER:
DEPOSIT DATE:	CHECK #:	CHECK AMT:

DPS-282-C (REV. 10/2003)

1111 Country Club Road
P.O. Box 2794
Middletown, CT 06457-9294
(860) 685-8380 FAX: (860) 685-8359
Website: www.state.ct.us/dps/DFEBS/OSFM.htm
An Equal Opportunity Employer